THE CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION/ CALIFORNIA DEPARTMENT OF MENTAL HEALTH

APPRENTICESHIP PROGRAM

ACKNOWLEDGEMENT OF RECEIPT

Apprentice:	
Your signature on this document confirms that you required documents for the Apprenticeship Program	
 Apprenticeship Program Standards 	
Apprenticeship Program Operating Procedures	
http://www.cdcr.ca.gov/career_opportunities/por/AcademyForms.html	
Print Name	Date Signed
Signature	
Pacis Correctional Officer Academy (PCOA) - Sent	ombor 20, 2012